

PUTTING PEOPLE FIRST

Community Advocacy Impact Report





"I'm very grateful and feel lucky to have the support of our advocate. She has not only been very professional, supportive, and a great source of information, she has enabled me to gain a voice, be taken seriously and believe things can change. She has been instrumental in getting my care package at the point where it will be delivered. She has also been very creative and looked for solutions to my isolation when statutory services have been slow to act or not have time to assist. Trying to help is the biggest gift that can be given because it gives hope. Having someone to help and listen to me has been enormously beneficial. Thank you!" (client)



CEO Introduction

This is POhWER's first impact report on community advocacy - around the impact the work we do has on both individuals and their communities. Through the work we do, we help people resolve issues and avoid crisis situations; saving the need for repeated meetings, different agency involvement, social worker and court time and protecting the most vulnerable people.

At POhWER, we put people first. We are client-led, speaking for people when they can't and supporting them when they can. Only advocacy can do this - we focus on what matters most for our clients. We can look at what matters most to the client in a holistic way, helping people to share their views, thoughts and needs with many agencies and to communicate in a way that works for them.

In the current financial climate, it has never been more important to demonstrate the effectiveness of what we do. The commissioning landscape has changed dramatically over the past few years, and the demands placed on local authorities and their staff will only increase in the year ahead. Reduced funding places a huge pressure on services to deliver more for less and we help to ensure that less doesn't result in less for the people we support.

The outcomes we share in these pages demonstrate

our determination to offer high quality, effective services that meet our clients' needs and make a real difference to their lives. We help them to avoid slipping into crisis and drive the resolution of their issues when they feel nothing else can be done. Many of our clients have nowhere else to turn or cannot source appropriate help on their own. Without our support, they would end up putting greater pressure on social services by seeking increasing levels of support that they would not otherwise need. We also ensure that people do not end up being exploited because of their vulnerabilities.

We believe that advocacy in the community is a vital service which needs to continue to be commissioned by local authorities. In fact, advocacy must be commissioned as it represents local authorities' reasonable adjustment under disability discrimination and equality legislation - almost half of our community clients have a mental health condition or a learning disability. One in five of our clients have a long term condition or physical disability.

We fully understand the financial pressures that local authorities are under but, as our previous Social Return on Investment in Hertfordshire report into community advocacy (available on our website) and the following pages demonstrate, advocacy helps local authorities to save money, far beyond the cost of the service itself.

This report tells the stories of just some of the people we have helped over the last year. Names have been changed but the facts have not. These are real people, experiencing real problems, whose lives have improved as a result of the work we have done with them.

I hope you enjoy reading about our work in the following pages. Please do get in touch if you would like to find out more about what we do.

Damian Brady
Chief Executive



About POhWER

POhWER is a charity and membership organisation. We provide information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion.

POhWER was set up in 1996 and was developed by service users who, tired of others making assumptions about their capabilities and views, wanted equal access to information and a voice of their own.

Reflecting our origins, the majority of our Board are people who fall into the terms of the Equality Act and our membership is largely drawn from people who have used our services.

POhWER's vision is:

"to be the best client-led information, advice, support and advocacy service in England. We will empower people to have a voice, make choices, enforce their rights and make a positive difference to their lives and work with them to plan and deliver the services that matter to them."

Our services are designed by service users for service users. Last year we provided direct advocacy to over 24,000 people. In addition, we received over 158,000 contacts, including more than 118,000 telephone calls.

Who do we help?

We regularly work with:

- Older people
- People with mental health issues
- People with sensory impairment
- People with physical disabilities
- People with learning disabilities
- Children and young people
- People with autism
- People whose first language is not English
- People who have experienced discrimination or exclusion.

POhWER is commissioned to provide a number of information, advice and advocacy services to a wide range of users. Full details about our services can be found in Annex 1.





Community Advocacy

What is it?

Community advocacy is non-statutory advocacy, usually commissioned by local authorities for use by those in need in the general community. Some local authorities place restrictions on who can access community advocacy, for example, clients must be receiving adult social care services, they must have a mental health condition, a physical disability, sensory or learning disabilities, be from a BME community and so on.

Our clients are from a range of backgrounds including those who are homeless, elderly, reside in residential units, have care or child protection needs or need support with funding their own care.

Last year, we supported almost 6,000 people in the community, 15% of whom had a learning disability or difficulty, 38% who had a mental health condition, 20% with a long term condition or physical or sensory disability.

We work with people on a number of issues including access to their records, trouble with

benefits, help to understand and participate in safeguarding processes or child protection matters, support to stay in their own home, support to help move to different placements, domestic violence, education and relationships. Over a quarter of the issues we supported people with last year involved communication with medical or care professionals and over one in ten related to housing or care.

Our services are based in the communities where we work. For example, in Waltham Forest we provide community services from the resource hub in the heart of the Borough where we are visible to those who need us. In Bedford and Thurrock, we are based in the centre of the town, close to the main shopping areas and anyone can ring our bell.

We are not social workers. We provide support to the individual based on their instructions - we are client-led, not family or friend-led or bound by local authorities' priorities or constraints. We put the needs of the people we support at the heart of what we do.

Why is Community Advocacy important?

Advocacy support from POHWER helps our clients directly - giving them more confidence, independence and control - bringing them individual benefits. But it also delivers significant social benefit - improved health outcomes, diminished demand on social services, reduced time in court, improving services and supporting local authorities to meet their legal duties, particularly in relation to the Equality Act.

It empowers people to help themselves. Community advocacy is primarily about supporting individuals to navigate the 'system'. But what makes community advocacy even more successful is when we help a client feel so confident that they are able to help themselves in the future and not need advocacy support.

At POHWER, we support people face to face and provide a range of self help tools in different formats so that those who feel they can are able to support themselves. By meeting people face to face, through drop ins, community events and simply by being present, and by providing self help materials to those who can, we are able to target our support to those that it need it the most.

We help individuals to recognise the consequences of their decisions, not just to be able to make the decision itself. As a result, they are able to make informed choices and use these skills when making choices in the future.

Some people have had negative experiences with social services in the past which impacts on their abilities to communicate effectively and express their needs. We help them to clarify their needs and support them to contact and engage with the right services for them. This, in turn, can remove barriers to accessing services and makes them feel more able to use services effectively in the future.

Advocacy helps people avoid crisis and makes it easier for them to manage their lives. Amy's story is one example of a client for whom their life turned around with advocacy support. Her life was taking a downward spiral but the help

we provided, meant that she was able to avoid reaching crisis point. Had she done so, she would certainly have required extensive support from social services.

Larry had a similar story. Without support from us, Larry would still be homeless, penniless, possibly in prison for unpaid debts and his mental health would have deteriorated. We helped him to secure a home, pay off his debts and improve his mental health issues to such a point where he now feels able to look for work in the future.

We spend time with people when others cannot. One of the main issues we come across is communication - so many of our clients feel unable to communicate effectively with professionals. This may be as a result of a disability but often comes down to lack of confidence or feeling that they are just not being listened to.

Advocacy helps people to feel they are listened to and have a voice. We take time to get to know them and their needs, understand what is at the root of their problems and provide them with different ways to communicate. We can spend this time with them - other services are unable to do so as it is not within their remit or they do not have the resources to do so.

We are accessible - we travel to people and meet them in locations convenient to them - other organisations or services are not able to do this. We are able to reach people who services may be neglecting through lack of resources.

We help people access the services they need. At POHWER, if we can't help our clients, we take time to find out who can and signpost them to other services. We research and find them the right people to go to, explain what services are available to them and help them to make contact with the most appropriate service. By doing so, not only are we helping our clients but we are also leaving other services free to do what they should be doing.

We also know the local area and keep up to date with local issues. We know the providers within local area and build relationships with key services and professionals. We are able to support people in

their local area and often sit on local boards such as adult safeguarding boards to represent the views of our clients and drive improvements for them. We also provide local drop-ins in day centres to help people reach advocacy support.

We fill the gaps in services

Advocacy is also able to fill the gaps in services that then prevent the need for other intervention at a later stage. Our work with the integrated discharge team in Hertfordshire, for example, bridges the gap between the NHS and social care and ensures that patients have the services they require on discharge from hospital. We provide similar services for people making the transition from secure units to community care which helps to reduce relapses, hospital treatment or social service support.

We save services money

Advocacy helps to reduce the amount of support required by other services, particularly those provided by local authorities. As the stories in this report demonstrate, we were able to help our clients so that they didn't need on-going intensive support from social services, provided support that other services are not funded to do and helped to make more effective use of professionals in various settings.

- We helped Amy reduce her dependency on benefits
- We helped Lolli to get the care she needed in her home which avoided the need to move her to residential settings or need to make greater use of the NHS
- We prevented Brenda from needing financial support from social services
- We reduced the need for Charlie to attend multiple court hearings, saving time and money in the judicial system
- William was able to access the mental health services he required, preventing him from reaching crisis and needing more intensive and more expensive services
- We helped Mark get off the streets and helped him make contact with services who could help him set up his own business
- Mr and Mrs Smith were able to improve facilities for deaf people at their local GP, making the service more accessible

By working with our clients, we are able to make meetings more effective and productive. We can spend time working through the issues with them, helping them to understand their choices and the impact of those, providing materials in different formats and helping them to communicate effectively. As a result, meetings tend to be shorter, focused and more person-centred, reducing the need for further meetings, shortening the process, reducing expense and making more effective use of valuable social workers' time which could be spent with other clients.

This report shares the stories from just a handful of the clients we worked with in the last year. Last year, through community advocacy, we worked with almost 6,000 clients. If we even saved the public purse a very conservative £1,000 per client, that gives a total of £6,000,000 - more than twice the cost of the services we provide. In reality, the savings are likely to be even higher.

Advocacy, as well as helping the most vulnerable people in society also delivers social and financial benefit to the wider society. This report tells the stories of people who we have helped and the impact that our services have had. But let's not forget the people who provide the advocacy. Our services have an impact on them too. This is what some of our advocates feel about the work they do...

“I go home and feel like I’ve actually helped someone. This is what I thought social work would be but without being constrained by bureaucracy. You’ve helped someone make a difference to their life”

“We see the most sad, most unimaginable situations improved.”

“We give people hope - it makes a huge impact on their life, even with the smallest piece of help.”

“Some clients can’t read or write and are embarrassed at admitting this to social services. We don’t judge. We have the skills to empower these people”.

“We are changing peoples’ lives for the better. Seeing someone smile makes all the hard work worthwhile.”

“We can be secure in the knowledge that if a client needs support in the future, they know where to come.”



Measuring impact

We are the only advocacy organisation we know of that uses an outcome measure to gauge the impact of our services for individuals. The outcome measure is an evidence-based tool for supporting and measuring change when working with people. It is adapted for different services and different client groups, including older people, mental health, families and more. It is well researched, widely used and endorsed by organisations including the Department of Health, Camden Council, Big Lottery Fund, NESTA and NHS Trusts.

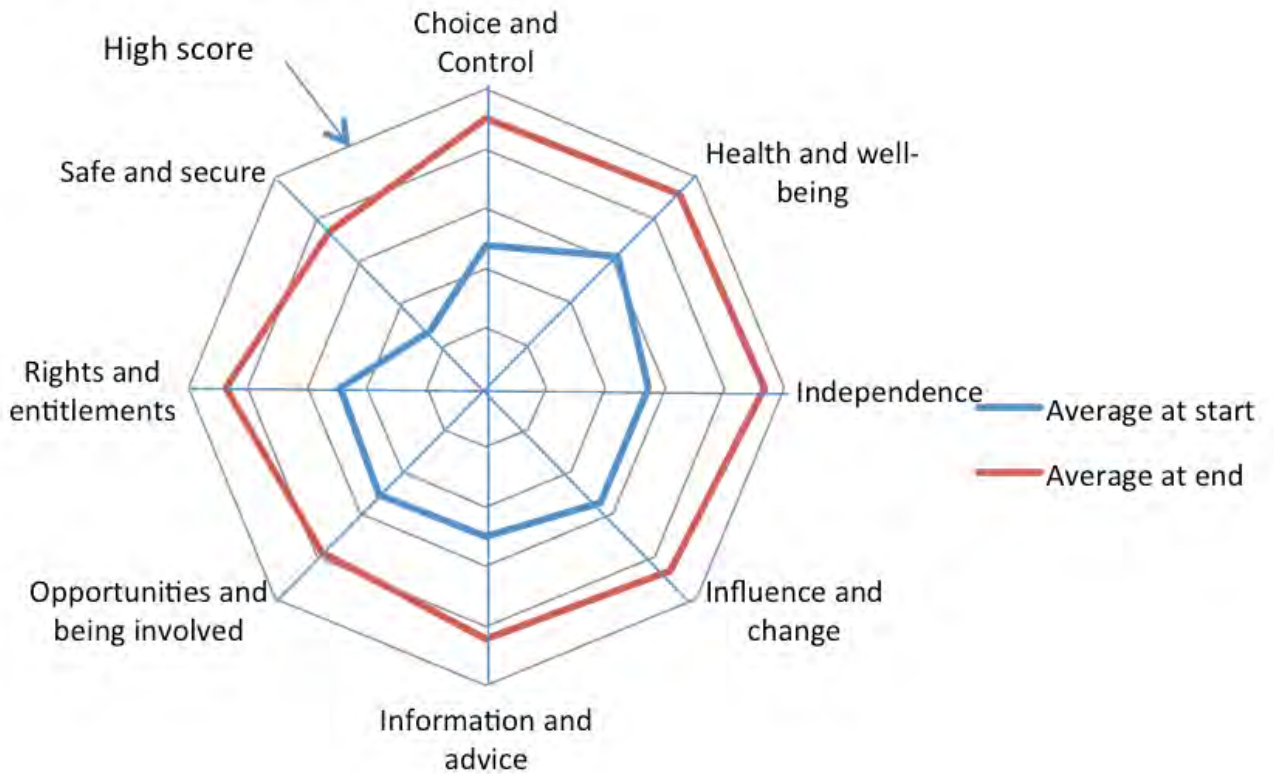
We use the Outcome Measure to support the advocacy process and to record the changes in a person's perception of their issues as the advocacy relationship progresses.

The Community Advocacy Outcome Measure is divided into 8 strands:

- Information and Advice
- Rights and Entitlements
- Safe and Secure
- Opportunities and Being Involved
- Health and Wellbeing
- Choice and Control
- Independence
- Influence and Change

Each strand has suggested outcome areas that can focus the issue and the desired outcomes. The client is the one who determines where they are on the scale against each of these areas. The process is used to measure outcomes in relation to their experience and is not a reflection on the advocates work or how far they are in the process. More details about each strand can be found in Annex 2. In 2014/15, over 1,440 clients completed the outcome measure for community advocacy services at the start and end of their journey.

The graph over the page shows where our clients felt they were, on average, when they first contacted us against each of the outcome measure strands and where they were after their issue had been resolved. As you can clearly see, on average, outcomes improved for our clients on all dimensions.



As a result of advocacy support from POhWER,

- 93% of our clients felt more accepted and safer in their own home and community
- 92% felt more independent and had more involvement in the decisions made about them
- 90% better understood their rights and the laws that protect them
- 89% had a greater opportunity to develop their skills and play an active role in their community
- 85% felt more confident to make choices about their own life and know all the options that are available to them
- 84% were more able to access the support and information they required
- 80% were more likely to be able to change or improve services they were accessing or have accessed
- 73% felt more in control of their physical and mental health

These are outcomes that go beyond the resolution of the client’s issue. They are long lasting and bring social benefit. They are what advocacy is all about.





Information and Advice

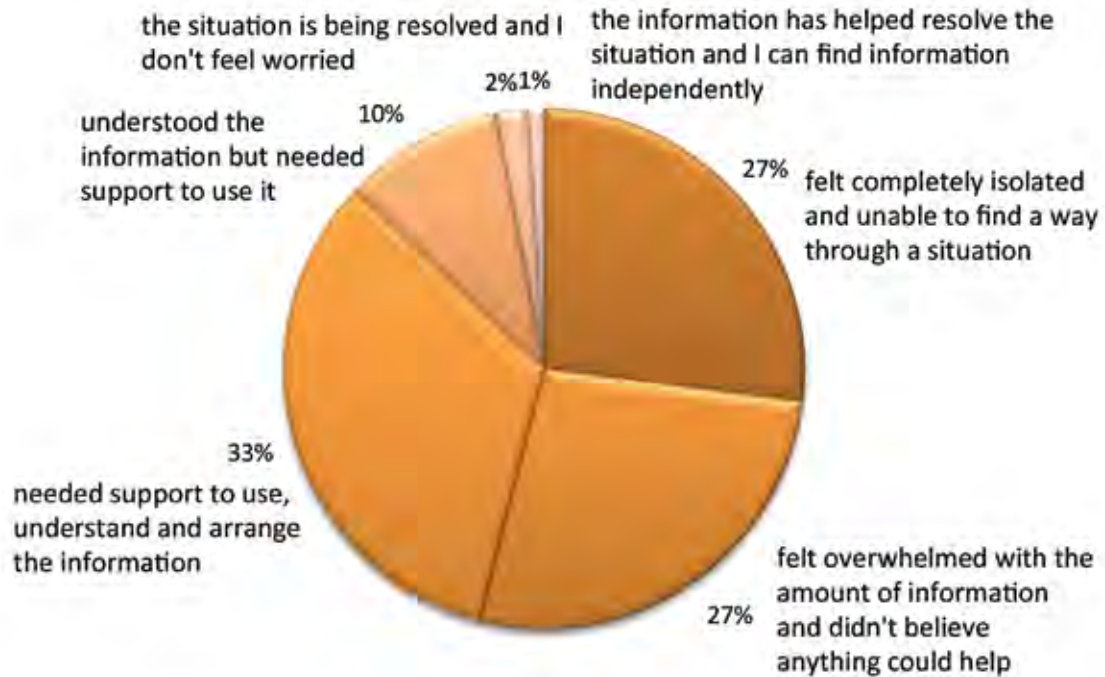
At POhWER, we help people find the information and advice they need to improve their lives. Our outcome measures show that last year, almost nine out of ten of our clients needed support to use, understand or arrange information, felt overwhelmed or didn't believe anything would help or felt completely isolated and unable to find a way through a situation when they first contacted us.

However, by the end of their case, three out of four felt completely differently - they felt that the information had helped resolve the situation and could find information independently, felt the situation was being resolved and didn't feel

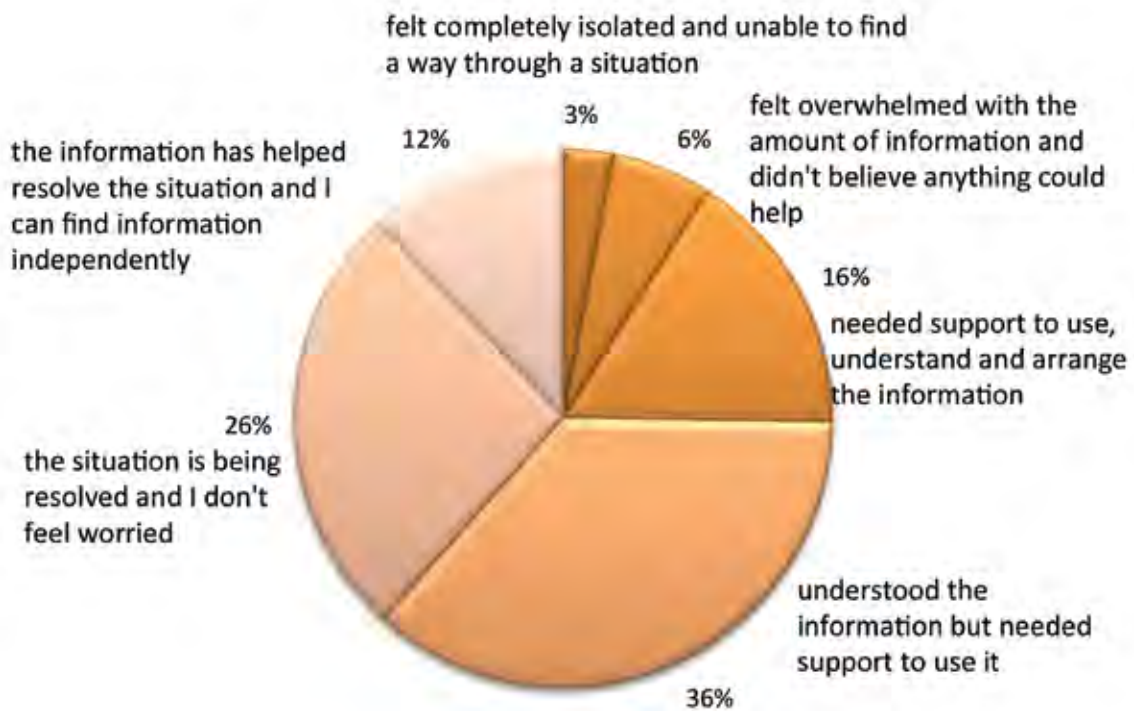
worried or understood the information but needed support to use it.

Over 330 people felt better able to use, find and/or understand information which will help them with future situations.

How clients felt when they first contacted POhWER



How clients felt when they left POhWER





Sol referred himself to POhWER after receiving a letter from his local authority stating that his housing benefit was stopped as his employment and support allowance (ESA) had ceased. Sol was confused by the letter and did not know why his ESA was stopped. He had no other income other than the ESA so when this and his housing benefit were stopped, Sol soon generated rent arrears and was being chased by his landlord for rent.

Our advocate met Sol at our office. He explained that he did not understand the letters from the different organisations and had communication problems as well.

We reviewed the letters with Sol and explained to him why the council had stopped his housing benefit. With Sol's agreement, we contacted the Department of Work and Pensions. Sol was not able to speak as he found it difficult to communicate over the phone but he let us know what questions he wanted answered.

The DWP adviser explained that Sol had not attended the required medical assessment so the allowance had been stopped. We established that the medical assessment letter had been sent to Sol's previous address rather than his current one which the DWP did not hold. We were advised to write to the local benefit centre explaining Sol's situation and his ESA would be reinstated so we helped Sol write the letter explaining why he had missed the assessment.

We also phoned Sol's landlord to explain his circumstances and why he was unable to pay his rent. The landlord acknowledged the situation and was happy to receive back payment for rent when Sol got his ESA back.

The DWP reinstated Sol's ESA and as a result, the local authority reinstated his housing benefit. Sol was able to pay his rent arrears and continue to afford the basics he needed.

Sol was very happy with the outcomes and said he would not have been able to achieve these outcomes without support as he had communication problems. He did not understand the information provided to him and would not have been able to communicate via the telephone. As a result of advocacy support, Sol was able to get the information he required and improve his situation.

Joe came to POhWER as he had an issue with his benefits. Joe had depression, myalgia and was recovering from cancer. He was receiving Disability Living Allowance but this was stopped and the Benefit Agency told Joe he had to return to work and claim Employment and Support Allowance. Joe did not know what to do and asked us to support him with communicating with the benefit agencies.

When we first spoke with Joe, he said he did not want to meet our advocate and he did not like to see people as a result of his depression and health issues. Through our conversation, we found out he needed help completing his Personal Independence Payment form as he was getting quite confused about filling it in. We found Joe a specialist organisation with experience of supporting people who are struggling with filling out benefit forms, who could give him support over the phone as he required.

Joe needed other information and advice which we were able to help him with. He asked us for an organisation which could help him with his depression on 'bad days'. He wanted a phone number to call so he could talk to someone if

he needed. We gave him information about the Samaritans and their helpline number.

We also explained to Joe about food bank tokens and how he could get these if he was struggling to buy food.

Joe also said that he was suffering due to cold in his home and not being able to afford £30 a week gas to heat his home for his medical condition. We gave Joe the number of British Gas, his gas supplier and explained how he could apply for a warm home scheme which could provide him with a one off payment of £140 to help him through the winter.

When we closed our case with Joe, he had successfully completed his benefit forms and was receiving the appropriate payments. He was also able to get the support he needed for his depression and felt more able to apply for the warm home scheme. Before Joe came to POhWER, he had no idea where to turn to for help. Just knowing who to contact and what help is out there has helped Joe feel more positive and improve his depression.



Rights and entitlements

Many of our clients are unaware what they are entitled to or what their rights are. So often, we work with people who suffer from mental health issues or learning disabilities and are unable to read or understand the information they are given. Sometimes, they don't even know where to start or who to turn to for advice. POhWER helps these people to understand what they should be getting, what suits their individual needs best and protects them from other organisations who may take advantage of their vulnerability.

We also help them to communicate with services or organisations which may not be trained in dealing with people with specific needs. We use a variety of techniques to help our clients communicate what they need - whether that be through pictures, easy read materials, visits to locations or simply asking for breaks in meetings to allow our clients time to think about what has been said to them.

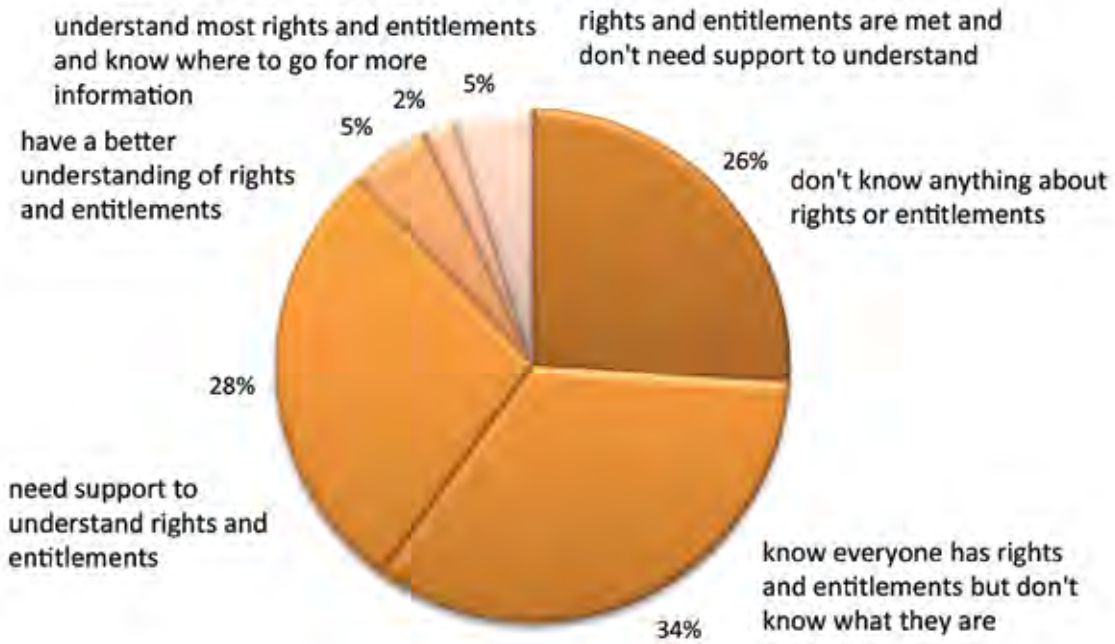
By doing this, we often save the need for repeated meetings or court appearances, freeing up the time of social workers and other professionals to deal with other clients. We help people get the money or funding they are entitled to, saving them the need to claim benefits and thereby contributing to protecting the public purse.

We are also able to help individuals holistically, contacting as many services as are required in one go, cutting back on the amount of time and support they would need from individual services and signposting to useful organisations which saves time for social services.

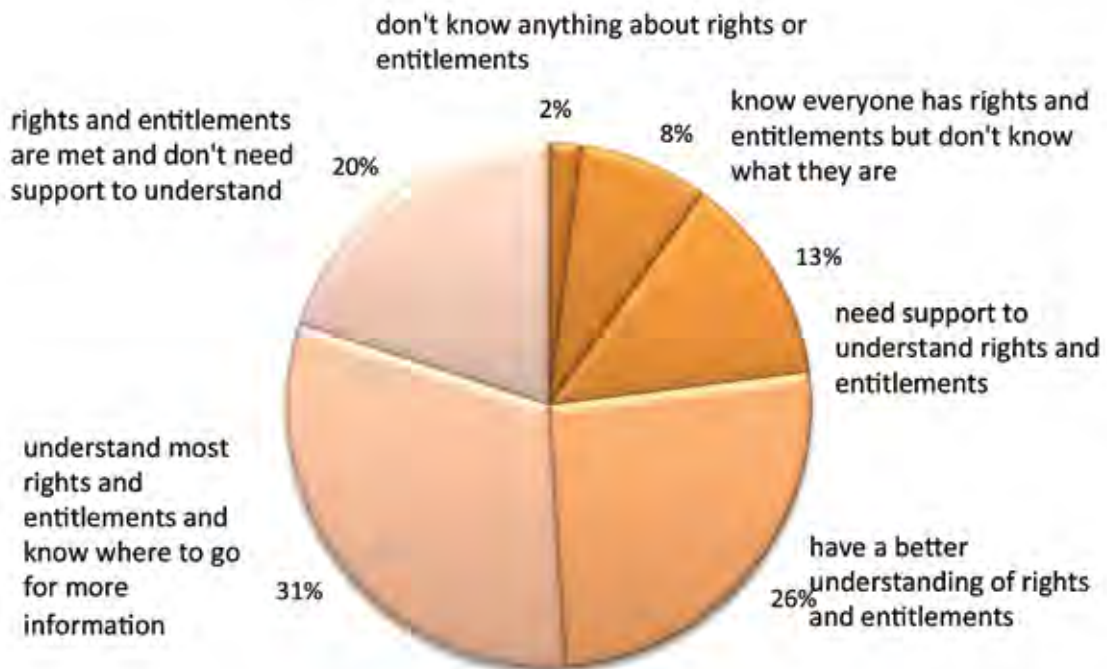
Most importantly, we help the individual. We support them to get what is legally and rightfully theirs and provide them with the information to help them help themselves should the situation arise again. They are then able to help friends or family who may have similar experiences, helping them to self-advocate and support others in similar situations.

Our outcome measure information shows that many more people understood their rights and entitlements after their issue had been resolved - 120 people who now stand in a much better place regarding, not only, their rights and entitlements but also in getting, understanding and making use of information about rights and entitlements.

How clients felt when they first contacted POhWER



How clients felt when they left POhWER



Brenda had mental health issues and was deemed to lack capacity. She lived in assisted housing as she was a wheelchair user and needed the adjustments available to her in this house. She was due to move to different housing and had been given a date for moving.

Without informing Brenda, the housing association removed her belongings from her assisted housing before her moving date. Some of it they disposed of without asking Brenda, thinking it was of little value and not considering any personal value it had for Brenda.

We supported Brenda to get compensation for her losses and she received £3,000 from the housing association. We also managed to secure the return of other belongings. Had we not been able to do this on Brenda's behalf, Brenda would have had to rely on social services to replace her belongings.

In this case, we were able to get Brenda what she was entitled to and prevented the need for her to get money from social services.

Charlie has a learning disability and was due to go court in relation to child protection case. The judge asked that the client be supported by an advocate so that they could be sure that Charlie understood his rights.

Our advocate met with Charlie and spent time getting to know him and his concerns about being in a court setting. We helped him understand what was being said in court and what impact that would have for him. We asked the court for regular breaks so that Charlie could have time to reflect on what was being said and prepare questions for his solicitor. In this way, the court was assured that there was no misunderstanding by Charlie and this would avoid need for future hearings.

Our advocate provided the link between the court and the client. Often we take on the role a solicitor would perform for our clients as many times, solicitors are not present or the solicitor or counsel is not trained in how to communicate with people who may have communication needs and how to fully represent their needs in court. We bridge the gap between professionals and clients.





Safe and secure

Everyone has the right to feel safe and secure in their home, particularly if they are reliant on others to make that happen. We regularly read stories in the media about vulnerable people being mistreated in care homes or other residential settings. Unfortunately there are times when people are mistreated in their own home by the very people who should be caring for them.

We help to put a stop to this. We help people to communicate with housing services, to express their views, to be taken seriously - we make their voices heard. We provide the service that clients desperately need but don't get from anywhere else and by doing so, we can avoid the need for people to call on social services or be admitted to hospitals, putting pressure on already burdened services.

Lolli was one of our clients who did not feel safe in her home. She was being exploited by her carers who took advantage of her vulnerabilities. By working with her, we were able to get her the care she needed and to change processes so that no-one else would suffer like Lolli did.

You can see her tell her story in her own words online (<https://youtu.be/B2t7BMpNZiw>).



Here, Lolli tells us what happened to her and how POhWER helped her to feel safe and secure once more.



Lolli is a psychologist who is bed bound for most of her day due to several debilitating conditions and who suffered years of paid help at home that she says was below par.

She is reliant on carers because she suffers from severe and complex ME, chronic kidney disease, which means one day she will require dialysis, and cardiomyopathy, which has caused her heart to fail on several occasions.

Her complex conditions mean she is bed bound for 95 to 99 per cent of her time. “Most of the time I’m in bed,” said Lolli. “Some days I can go down stairs because I have a stair lift and an indoor wheelchair.”

Just last year Lolli, was left feeling unsafe in her own home after items went missing and carers became increasingly dismissive and rude towards her.

“To feel unsafe in your own home is soul destroying,”

said Lolli, who was also dealing with the

devastating news that both of her parents had been diagnosed with incurable cancers.

“The behaviour was getting worse at a time when they knew I was most vulnerable and it made it unbearable and I’m not a weak person,”

said Lolli.

“I would be scared to ring the office. They were always rude to me on the phone and were dismissive of me.”

She said carers would be ‘extremely late’ when collecting her for appointments and she would be told that there was no-one available to complete day to day tasks which Lolli could not manage.

After enduring months of upset due to the way she was being treated by carers, Lolli sought the help of POhWER. We supported Lolli to find new carers and to make a complaint to the care company.

"I am grateful to be able to report that [the care company's] letter says that he considered my complaints "Upheld", and outlined the organisational change initiatives being implemented at the [local] Branch. He also explained how some of my suggestions have fed into some of the changes.

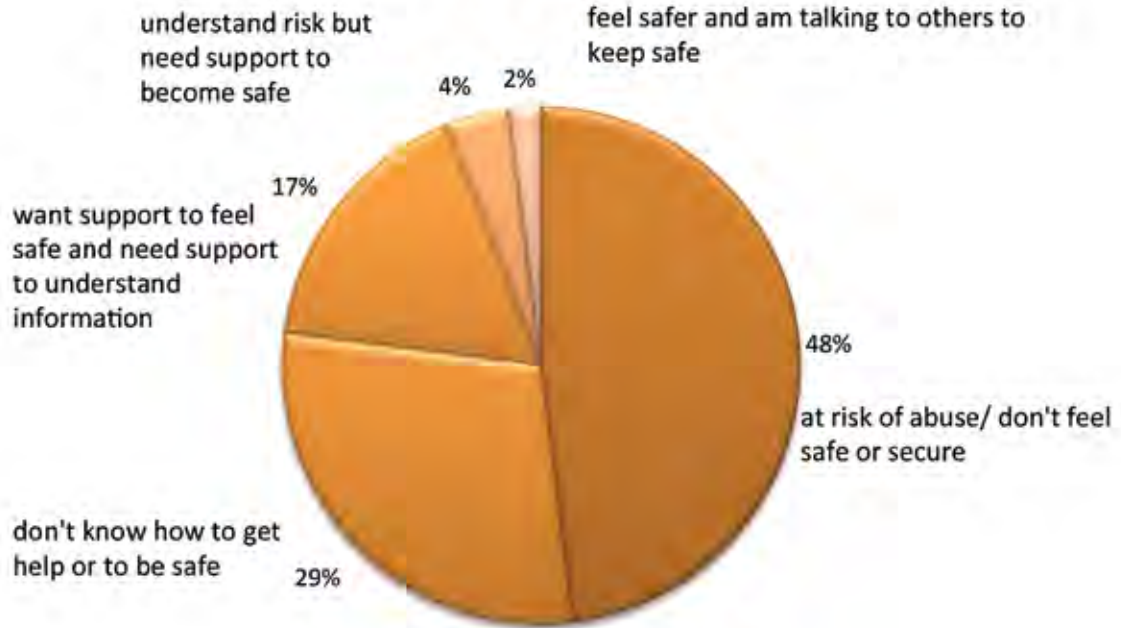
I do appreciate tangible assurance that there are measures in place to ensure that no other client shall have to endure what I was put through by some of the office staff as a client of [the care company].

I give much credit to (I am so very thankful also to) my advocate from POhWER, for how he skilfully managed a very hurt, worried and emotional "Lolli" from time to time, so that I could be clear about what I needed to communicate in my meeting with [the care company] in September, and in communication thenceforth. My advocate has continued to 'hold my hand' to help me retain a degree of focus in what has been a very fraught, traumatic time for me"

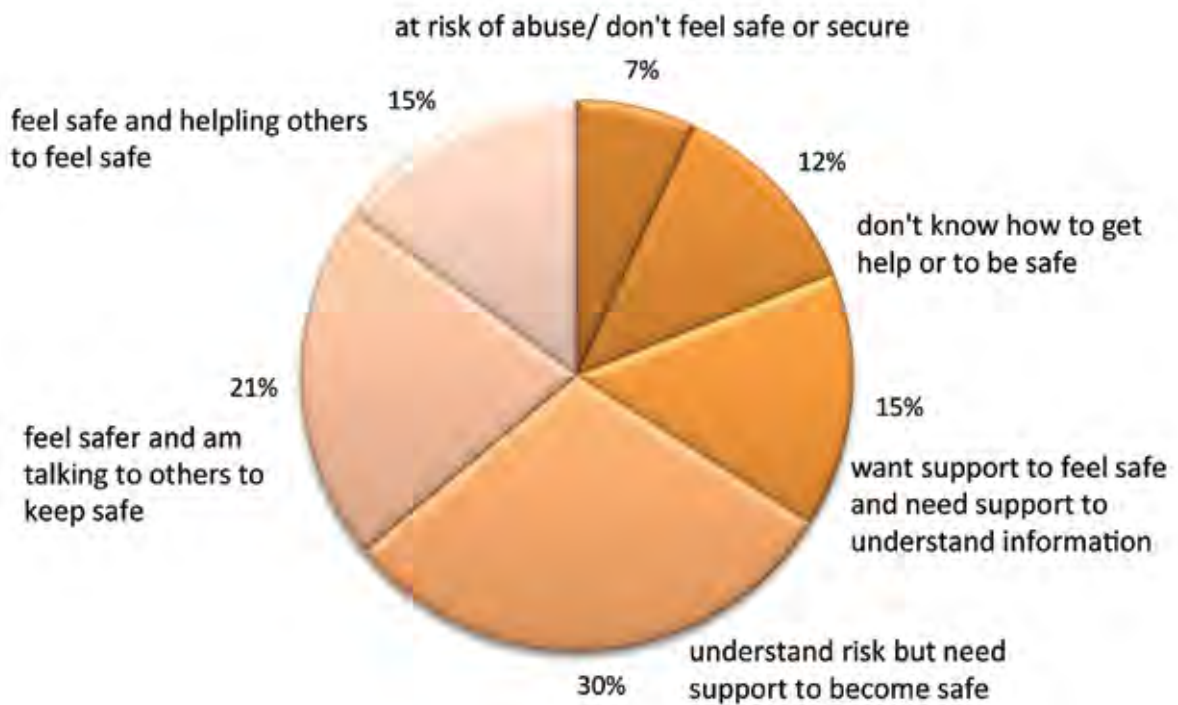
Thankfully, after switching care providers, Lolli, who needs someone to help her get dressed, make her breakfast, lunch and dinner and take her out just once a fortnight, is now very happy with the team that visit her.

Lolli is not alone - another 29 people now feel safer in their homes or communities as a result of our support.

How clients felt when they first contacted POhWER



How clients felt when they left POhWER





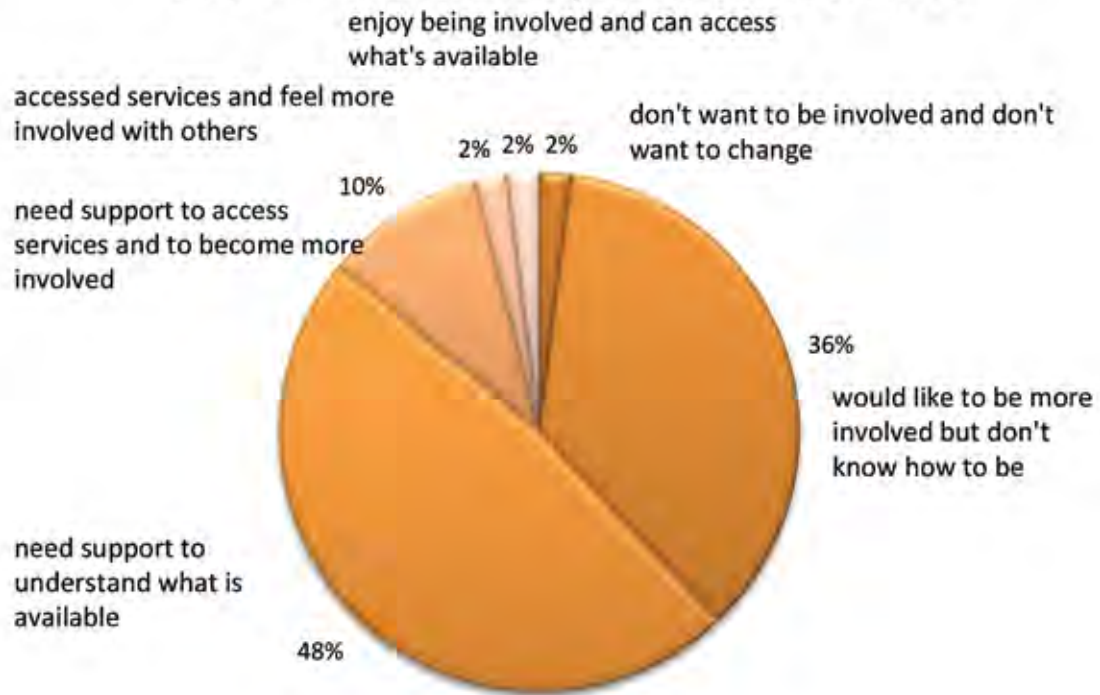
Opportunities and being involved

One of the most rewarding aspects of advocacy is seeing people turn their lives around. Not only did we help people resolve their issue but we help empower people and our staff value seeing the long term impact of the work they do.

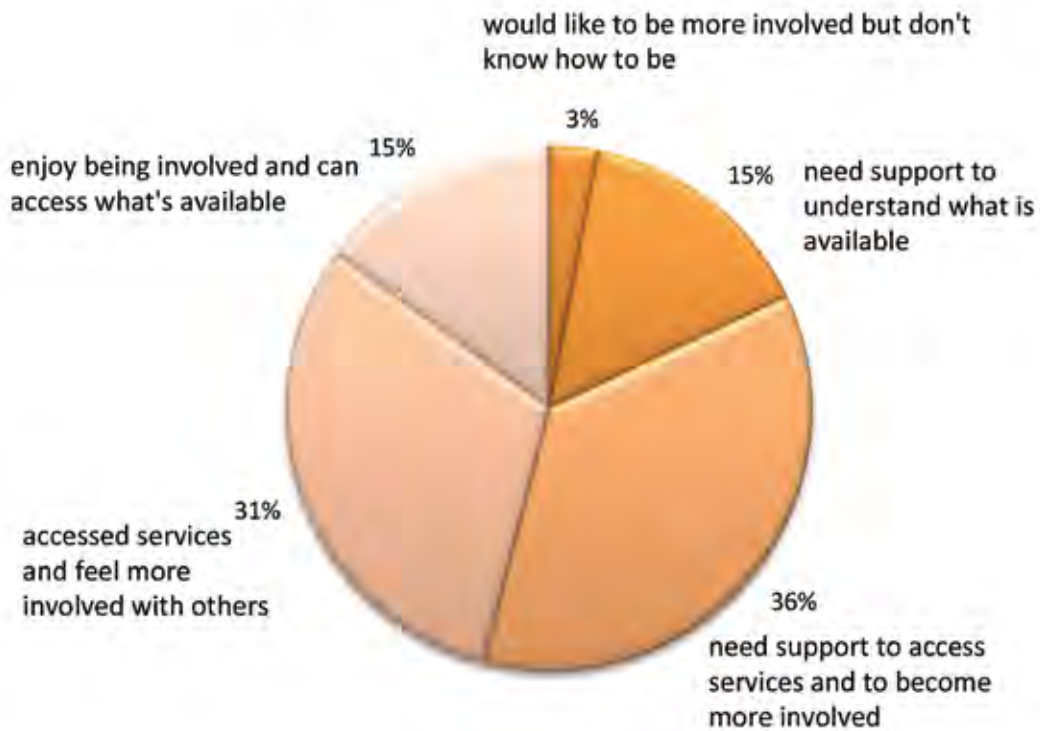
Through the work we do, we help people to see the opportunities available to them and to get involved in their local communities. Many of our clients have set up local groups, found voluntary opportunities or have found work or educational opportunities to help turn their lives around.

Across all of our community advocacy cases, only one in 25 clients felt they were able to be more involved with others and enjoy being involved when they first contacted POhWER. However, following support from us, almost half felt this way with another one in three interested but needing support to do so. That's 18 of our clients who now feel involved in their local communities.

How clients felt when they first contacted POhWER



How clients felt when they left POhWER





Jim was a young man with learning difficulties who lived in residential care. He used day services in his area but wanted to reduce his time there and find other activities to do. We worked with Jim to get his CV updated and arranged for a taster session at an allotment which Jim said he wanted to try. We also met with Jim in his local town centre and visited a number of charity shops with him to see what opportunities there were.

Jim began work in a number of charity shops and is very happy. He does several days a week between the shops and said he is getting on well now.

Harry has a hearing impairment and contacted POhWER for some support with getting a job as he felt organisations were making it difficult for him. Harry explained that he is receiving emails to call regarding an interview and when he calls and uses his text relay service to speak, employers say he will not be able to fill the job role due to needing to liaise with customers.

Harry felt he needed somebody to speak with the potential employers to explain that he can liaise with customers and has done in the past, he just uses text relay for phone calls to make it easier to communicate. He felt that employers were automatically assuming that he was completely deaf, which was not the case.

To help Harry, we sent his CV to an employment expert to see whether it needed changing in any way. Meanwhile he continued to apply for jobs and when he heard positively from them, we called the organisation on his behalf to explain his situation. As a result, Harry was able to attend a number of interviews and now has a new job which he was looking forward to starting.

Amy was homeless, living in and out of care. She was abandoned by her friends and family and was living on the streets. She had three children, two of whom lived with family and one in foster care but she had lost contact with them all. Her dyslexia had prevented her from a successful school life and as a result she lived off benefits, unable to get a job. Communication with her social worker had broken down and social services felt that she didn't meet the criteria for their support. Her life was in a downward spiral.

Amy was referred to POhWER by her social worker. When we met her, she was at a very low point, feeling helpless and that the housing department weren't listening to her. She had been to a homeless charity but they were unable to help her as they weren't able to provide her with housing. Because she didn't have anywhere to live and couldn't read or write, she was unable to be in touch with her children, something she was desperate to do.

We worked with her to be able to articulate what she needed from social services, spending time with her to understand her concerns and needs holistically. We explained what she had to do to get

housing and arranged for her to have her housing needs assessed by the local authority. We helped her to complete the forms and to communicate effectively with social services.

Amy is now living in supported housing. She has also started a college course and is learning to read and write. She is no longer living on the streets and is preparing herself for work in the future.

We also supported Amy to write to her son in foster care and to get back in touch with him. They met for the first time in Easter and she is now able to rebuild her relationship with him.

In Amy's words, having advocacy support helped her turn her life around. She is more aware of her choices and has learned how to communicate more effectively. She can now see a positive future, is in employment and reconnecting with her children. Her life is now on the up.

If it wasn't for the support from an advocate, Amy would still be homeless and vulnerable, placing greater demand on social services and claiming benefits indefinitely. Now Amy will be able to take far more control of her life and has been empowered to support herself.





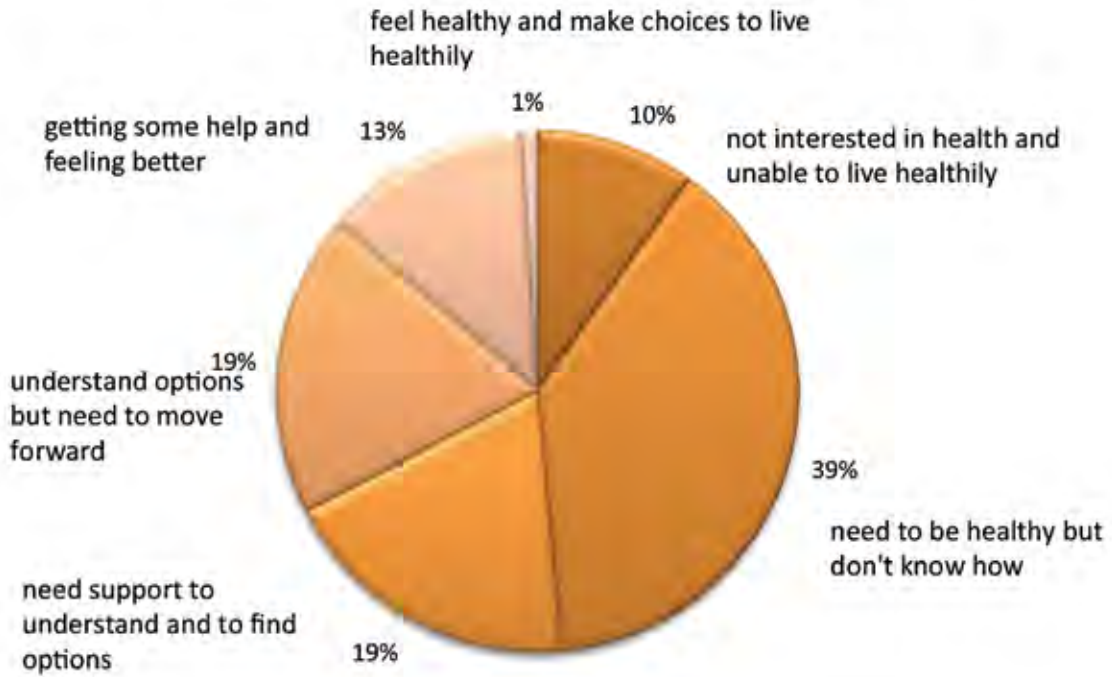
Health and well being

Working with people in the community often avoids the need for health interventions or long term intervention of social services. We help people to understand how to live healthy and active lives, to understand the information they are given and help them to feel healthy and make choices to improve their well being.

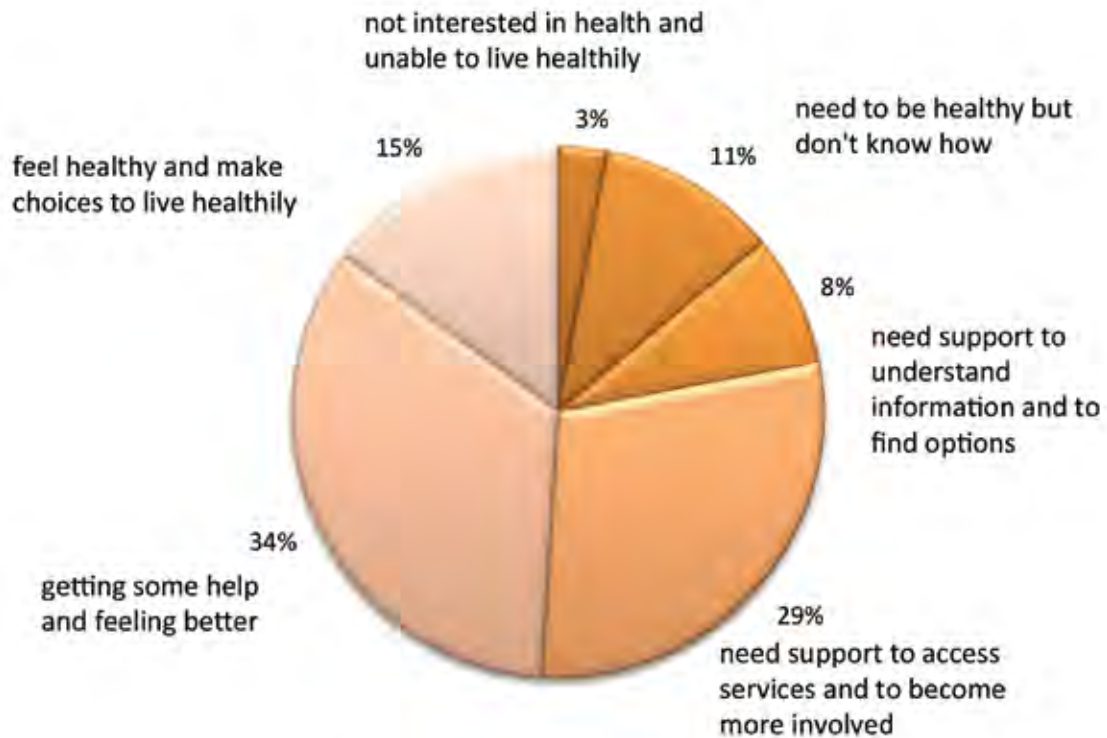
We also support people to have their voices heard with regards to their health and well being. Often our clients need support but are not able to get this from other services. They may feel that they are not being listened to or are not consulted about decisions that would affect their health and well being. By having support to communicate, in whatever way is most suitable for them, we are able to improve their health outcomes and quality of life.

Only 14% of our clients felt healthy or were getting some help to improve their lifestyles when first contacting POhWER. With our support, almost half - 49 people - felt this way with one in seven feeling healthy and making choices to live this way.

How clients felt when they first contacted POhWER



How clients felt when they left POhWER



Eric is a young man with sensory impairments and severe physical disabilities. He has extremely challenging behaviour and is unable to communicate verbally. He left mainstream school at 16 but was not placed anywhere as social services were unable to find him suitable care in the area - they wanted to send him out of county into residential care, contrary to his parents' wishes.

So Eric stayed at home and his parents received little support from social services. As a result, Eric's behaviours worsened and he became even more challenging for his parents to look after. His parents were at their wits end and contacted POHWER for help and support.

After spending time with Eric and his family, getting to know what Eric wanted through the use of different communication techniques, the advocate was able to find Eric a specialist day centre within the area. They took time to get to know him and as a result his behaviour has improved. His parents describe him as 'a different person' and both he and they are able to take far greater control of his health and well being. The change in Eric is not only benefitting him and his family but it will also mean less demand on social services in the future.



Frances is a client we have supported with a number of issues. She has a learning disability, lives in supported housing and is on benefits. She also has a medical condition which is managed with specific medication.

Recently Frances had moved to new housing a few miles from where she had been living. She visited her GP in the area where she had been living for a new prescription and a health certificate to send to the Department of Work and Pensions regarding her benefits.

However, her GP's surgery told her that they written to her and told her when she last visited that she cannot continue to use their surgery as she is now out of catchment. She would need to change to a doctor in her new area.

Frances tried many times to contact a new surgery where she now lived, to make an appointment by phone but could not get through or was told that there are no appointments available and she should phone again the next day. She had also tried visiting the surgery to get an appointment but they told her this was not possible and she would need to call.

Her situation was getting urgent when she contacted POHWER. If she did not get the certificate to send to the DWP, her benefit would stop. She also was running short of her medication. Her support worker had tried calling on her behalf but had the same experience as Frances - unanswered phones, engaged lines and then told no appointments available. Her old surgery could not help as they had removed her from the list. Frances was getting desperate.

We wrote to the new surgery on Frances behalf, explaining the position to see if they could provide her with an appointment and/or a certificate and repeat prescription whilst she is waiting to see the GP. As a result of our letter, Frances received an appointment and got the certificate and repeat prescription she urgently needed.

Frances was grateful for the support she received from POHWER and thanked her advocate for her support. She said that felt that the letter from POHWER helped to resolve this issue.





Gina is a young woman who lives in Supported Living as she has Downs Syndrome and learning difficulties. Since she moved there, her family have had issues with her weight and have constantly battled with Gina, either using bribery tactics or unpleasant remarks to make her lose weight. She has been attending weight loss and exercise clubs but despite this, her weight has steadily increased.

Gina's family have now concluded that Gina has an eating disorder and should be moved out of Supported Living to a more 'regulated environment'. Gina says she 'does not want this to happen' The family feel that professional services have not supported Gina at all, however Gina has been fully supported by medical professionals and staff who work in supporting her. Gina has a very good understanding of what is good and bad for her in terms of food intake and choices, but despite her efforts she struggles to adhere to a healthy eating plan.

Gina's support worker at her supported living accommodation contacted POHWER to represent Gina and her wishes and to agree a way forwards with her family.

We met with Gina and took time to understand how she felt about her family and their desire for her to move. We helped her to find ways of explaining to her mother how she felt and she asked if we could write a letter to her mother on her behalf. However, not long after our initial meeting, Gina felt empowered to talk to her mother on the telephone and explain how she was feeling about her weight issues. As a result, relationships with her family improved and they were able to support her better with her ongoing plans. Gina felt that this was only made possible by spending time with our advocate and talking through the issues with them.



Choice and control

One of the unique aspects of advocacy, that makes it different from any other service, is that we spend time helping people not only understand the choices they face but the impact of those choices for them as individuals. We can look at it from the person's perspective, not just the service. We can look across service boundaries and make the connections between one service and the next for the benefit of our client.

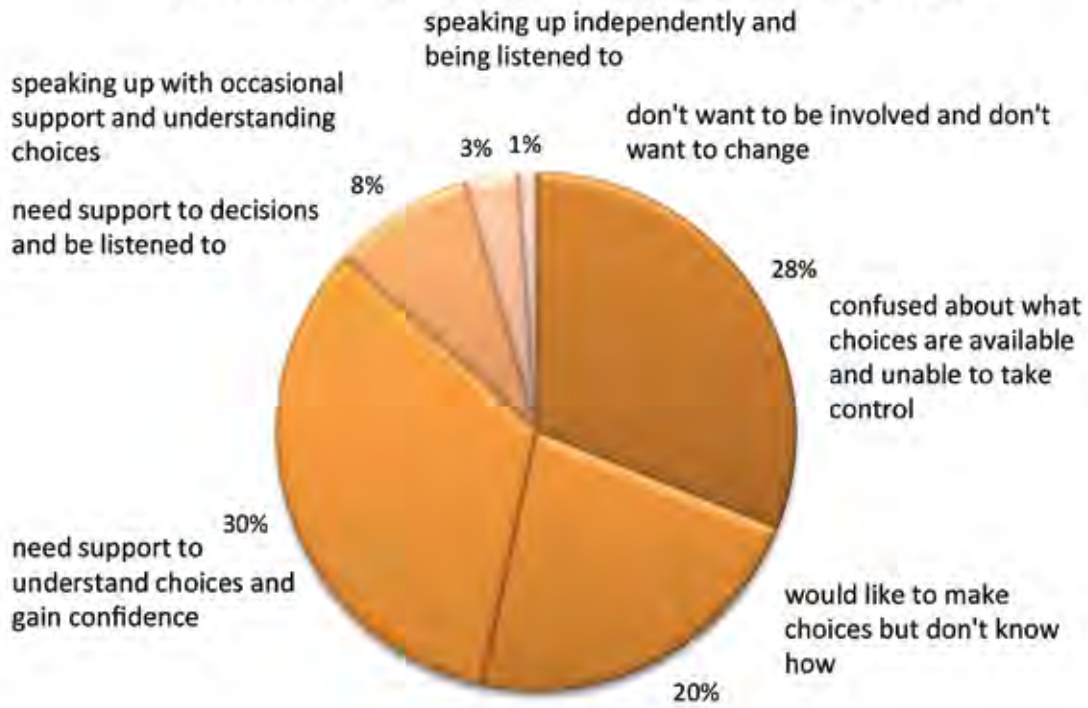
By giving people choice and control, even the biggest issues become manageable. For vulnerable people, control is vital. They feel listened to, they feel able to deal with problems and they feel that they are having a say. They are put back in control of their own lives. By doing so, they are able to choose the option that suits them best and prevents the need for further intervention down the line.

Dave, whose story is on page 34, was able to move into accommodation that supported his needs best - had he gone with the option chosen for him, he would have no doubt have needed a further assessment in the future and the whole process would have had to be repeated. Different

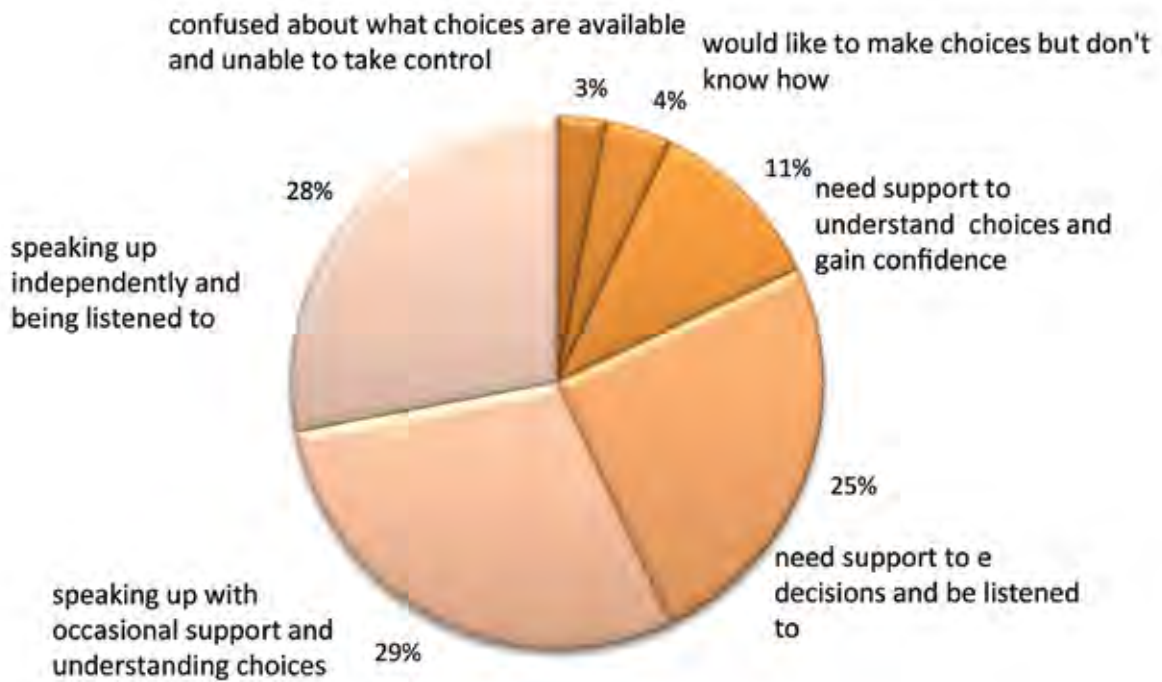
accommodation may have been more expensive, putting pressure on already tight public purse. Advocacy support from POHWER prevented this.

Our outcome measures information shows that over one in four clients felt confused about their choices and felt that they were unable to take control when they first contacted POHWER. Working with clients and providing them with support meant by the time the relationship finished, the same proportion felt they were being listened to and were in control. That's 163 people who are now able to speak up independently and be listened to.

How clients felt when they first contacted POHWER



How clients felt when they left POHWER



Dave was a client with a brain injury and physical disabilities. He had fallen out of his chair and wanted to move out of his first floor flat into more suitable accommodation which better met his needs. As he was on managed funds, the care company who supported his care needs became involved in finding alternative accommodation and found him a residential setting. However, Dave didn't feel it met his needs and didn't want to move into it, although the care provider was insisting he did.

We were invited to provide him with support by his social worker who had been informed about what was going on by one of Dave's neighbours. We used picture boards to help him understand his housing options and to identify what he needed from his new accommodation. We took him to a number of different settings and helped him choose one that best met his needs - one with a walk in shower rather than the one the care provider had chosen which only had a bath which would not have been suitable for Dave's physical disabilities.

The care provider also tried to put his first floor flat on the market without his knowledge. By working with Dave, we found out he wanted to put his flat on the market with a local estate agent and we spent time with him to help him make informed decisions about how to go about putting his flat on the market and getting the best sale for him.

Dave wanted to change his will and the care provider tried to manage this for him. We were alarmed about this and the conflict of interest that may have arisen as well as safeguarding concerns. We were able to work with Dave and a solicitor to make sure that his will was changed in a professional and safe way.

If Dave hadn't had advocacy support, a care company would have taken control of his choices and decisions. He may have ended up in unsuitable and more expensive accommodation which the local authority's finance team would have been involved in as managed funds. We were able to empower Dave to make informed and independent decisions and saved both him and the local authority money. We have also protected other vulnerable clients who are supported by the particular care company as the social worker involved has now made a complaint on Dave's behalf about their involvement in things that they really should not have been.





Larry a divorced man in his sixties, rang the bell of our office in Bedford, following a referral to POHWER from the Citizens Advice Bureau. Larry had been a senior executive in a number of 'blue chip' companies and said that he had a complete breakdown and could not cope. He had lost his job and was divorced from his wife. He said he had given the family home to his wife and had bought another property for himself, with the help of a mortgage.

With no job, Larry was unable to pay his new mortgage and so the house was repossessed by the building society and sold. Larry moved into a housing association flat but he was not entitled to housing benefit as he had some equity in the house that was sold and so was evicted from the flat. In addition, Larry had many debts, rent, and utility bills and there was a warrant for his arrest due to non-payment of Council Tax. In total, Larry owed around £10,000, money he just did not have.

When Larry came to POHWER, he was sleeping rough under a bridge with only a little money left in his bank account. We spent time with Larry and his ex-wife to unravel what had happened when his house had been repossessed and sold. We tracked Larry's share of the sale of his house to a court funds office in Edinburgh who revealed how much was owed to Larry. However, Larry needed to prove his identity to claim this money but only had a photocopy of his driving licence - all other documentation was lost when he was evicted.

We supported Larry through a court hearing to prove his identity. The judge took evidence from the advocate who was asked to provide an explanation as to why he was convinced of Larry's identity. The judge decided that, on 'balance of probability' Larry was who he stated he was so ordered the court funds office to release the monies to Larry.

On receiving the monies, Larry was immediately able to clear all of his debts, including the outstanding Council tax and has now rented a property, paying six months rent in advance, whilst he is looking to take up a shared ownership opportunity.

Larry told us that had he not taken the decision to ring the bell, he couldn't imagine how things would have been. He now has a secure tenancy, no debt and his mental health issues have improved so much that his issues are somewhat resolved. Larry hopes to be able to find work in the future.

Without our intervention, Larry would have been another statistic, another homeless person with mental health issues who had fallen through the cracks in service provision. He may have even ended up in prison if he was not able to pay off his debts. Larry felt there was no-one to help him until he rang our bell. We helped him to get back on his feet, to regain control of his mental health and supported him to feel strong enough to make choices about his future.



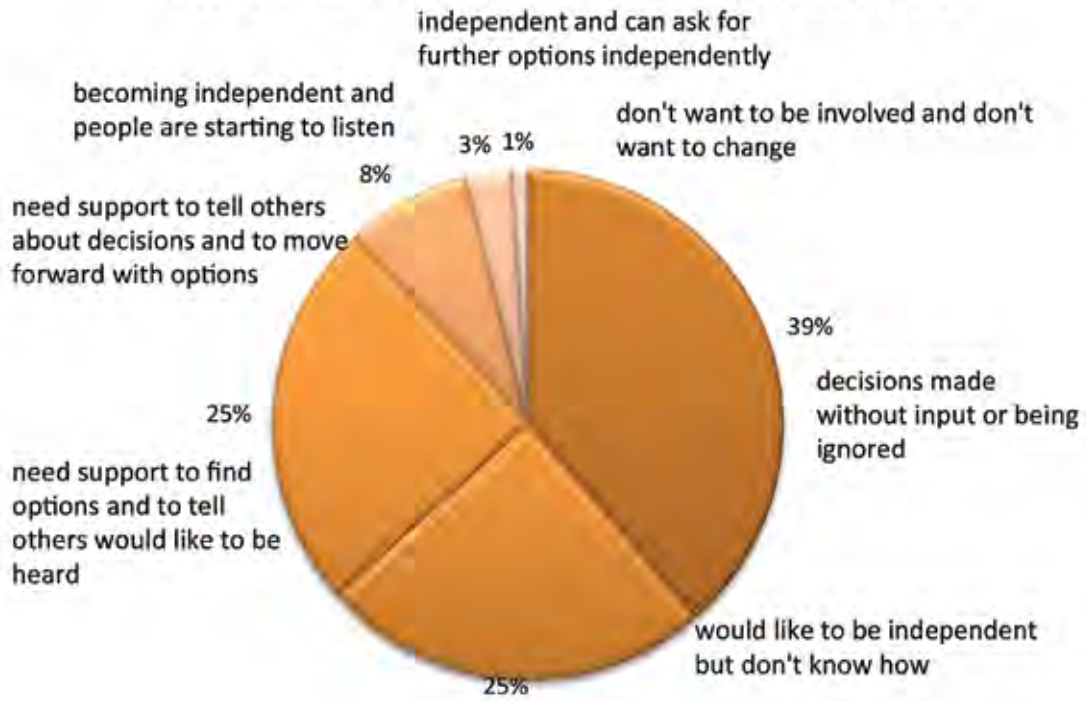
Independence

None of us like to be ignored or for decisions to be made about us, without us. This is even worse for vulnerable people, who are the people who most need to be involved in the decisions about their lives. It sounds obvious but 39% of our clients last year felt that decisions were being made without their input or were being ignored.

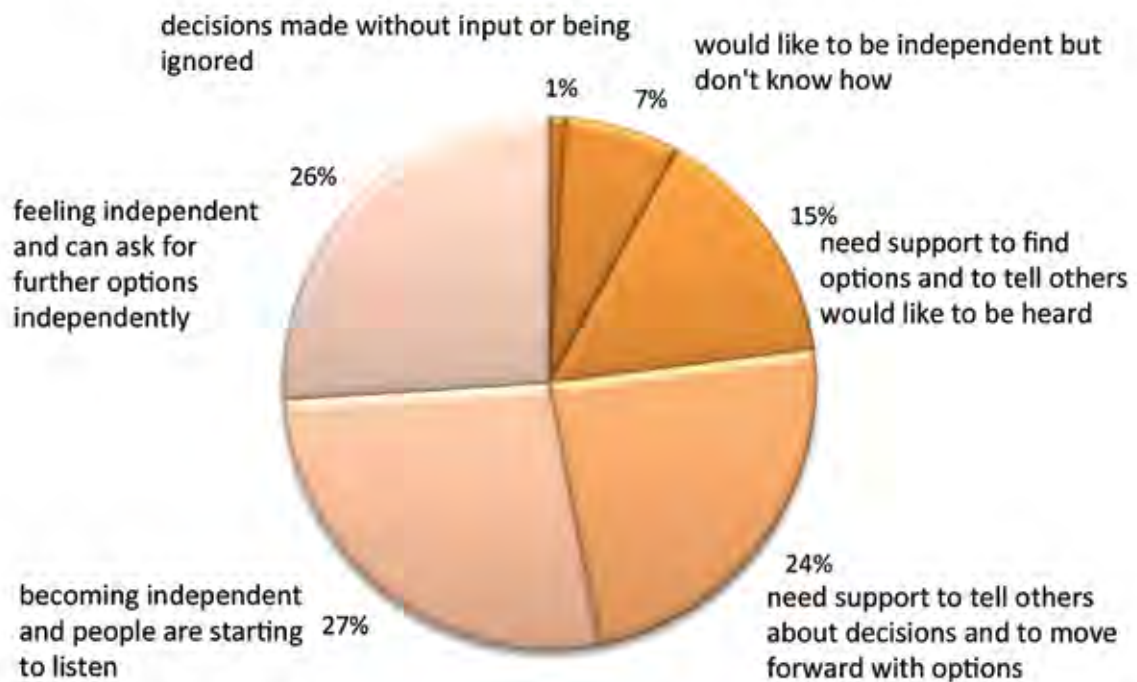
As well as getting their issues resolved, our aim at POHWER is to help people feel listened to and to be able to make decisions independently. Over a quarter of our clients in this situation felt this way after working with us. In this way, future issues are likely to be resolved more efficiently and effectively. That helps save time and money

for everyone involved, both the individual and the services being contacted. These people are unlikely to need our support again - or from anyone else in the future. They feel confident to ask the questions they need to, either for themselves or on behalf of someone else. This brings a much wider social benefit than our service itself is tasked to deliver - a good thing all round.

How clients felt when they first contacted POhWER



How clients felt when they left POhWER



Ashab who suffers with mental health issues and physical disabilities, was claiming Employment and Support Allowance. As a result of a knee operation, Ashab missed a number of appointments on his skills and training course, run on behalf of the JobCentre and as a result his benefits were cut. Ashab's GP had written a note to the JobCentre but they insisted he continue with his job search in order to recover his benefits, despite the fact that he was still recovering from his knee operation and unable to work. Without consulting Ashab, the JobCentre had decided that he was fit to work and therefore would need to attend the course in order to be able to claim his benefits. They ignored the information provided by the GP on Ashab's behalf.

Ashab contacted POHWER for support to communicate with the JobCentre about his situation and how he has been struggling. He asked that we accompany him to a meeting at JobCentre Plus to discuss his situation with him and see if there was anyway he could have his benefits reinstated.

We first went with Ashab to visit the organisation which was running the course he was attending. We hoped that the organisation would understand Ashab's situation and they advised that he would need to have a fitness to work assessment and should go and see JobCentre Plus.

We then saw an official from JobCentre Plus who talked about new procedures and how the training organisation must provide client with a 'JOB PLAN' before they expect him to go 'sign on any where' or look for work. He also advised Ashab to have a fitness to work assessment. Ashab kept referring to his doctors's note which in his mind declared him unfit for work. However, the official simply repeated that he would need an assessment and dismissed Ashab by saying that 'if he is able to sit at a table and converse as he is doing now then he can find work such as office work.'

Despite the attitude of the official from JobCentre Plus, Ashab now had a much clearer understanding of what he needed to do next and who he would need to contact to progress the situation. On exiting the building, he turned to his advocate and said, "Thank you so much for your time and talking

for me because they would never have listened to me if I came on my own."

As a result, Ashab felt much more confident about his situation. He went on to arrange the fitness to work assessment and a follow up meeting with the training provider independently. He was then able to provide JobCentre Plus with the necessary paperwork and get his benefits reinstated.

All Ashab had wanted was to be listened to so he could determine how best to resolve his situation. We were able to help with this and as a result, he was able to go on and resolve his situation on his own.

Tara has a child subject to a child protection plan. She had been informed by social services that they thought she was not capable of putting her child's needs before her own. Social services had arranged a meeting with Tara to discuss the plan but understandably, Tara was very nervous about attending the meetings as she felt she would not be able to get her view across and was frightened to say she did not understand what was happening.

Our advocate spent time with Tara and discussed with her the child protection process and how to prepare for the meetings. Tara explained that she felt confused about which of her points were applicable to the meeting, so our advocate met with her before the meeting to help her write these down and number them in order of importance to her.

As a result of her preparation, Tara was able to participate well in the meeting as she had a better understanding of the process. She was also able to make her points to other professionals and give reasons why she felt like she did, which previously she did not feel confident to do.

Afterwards, Tara felt the meeting went much better than before she had an advocate, as she finally felt able to contribute something valid to the process. She also felt that, as she had spent time with the advocate ordering her points, the other professionals listened to her for the first time. She felt much more empowered to attend meetings on her own in the future.



Kush was referred for support with accommodation. He had moved from London to Luton and had been living in Luton for one year. Social services were concerned about his finances, the support he was receiving and also his house was in disrepair.

Kush constantly had his heating on as there was a constant draught and as a result, much of his money was spent on utility bills. In addition, Kush had outgoings from a charging cash machine, with up to 6 transactions in one day from the same machine, with no receipts provided on where his money was going.

Kush had a live in carer and a 24 hour support package. Because of his physical needs but support plans and daily living spending were not recorded. Social services had raised a number of safeguarding alerts in relation to Kush and wanted him to move back to London and to the Borough which was funding his care.

When we first met Kush, the carer was present and he tended to speak over Kush, saying what he thought was best for him. The carer insisted that Kush needed to have 24 hour support and did not allow Kush to speak for himself. We observed that the carer appeared to influence Kush who repeated what his carer said.

In order to really understand what Kush wanted and what his care requirements were, the advocate ensured that all future meetings were without the presence of the carer and asked questions to obtain Kush's wishes.

Kush really liked living in Luton and did not want to move back to London and, by working through his care needs, we were able to establish that Kush did not really need 24 hour care.

We supported Kush to see a supported living accommodation where he could get the care he required in Luton. Kush was really happy with that and we helped him express his views to social services.

We also worked with Kush to help him understand the issues around his finances and how he would like them to be managed. We explained the options available to him and he decided that he would like the local authority to provide support with managing his finances.

Kush has now moved to supported living in Luton and he has an accurate support plan which he has participated in developing. We also arranged for the transfer of his power of attorney to the local authority in Luton so he now has a formal arrangement in place to support his finances.

As a result, Kush is now accessing day opportunities and is more independent. He is spending less on daily living and has more money to buy things for himself. Kush was very happy with the support he received from POhWER. He feels more independent, and now communicates a lot more. Kush was extremely shy when we first met him and would talk through other people. Now he is able to self advocate and is more confident in engaging in conversation.



Influence and change

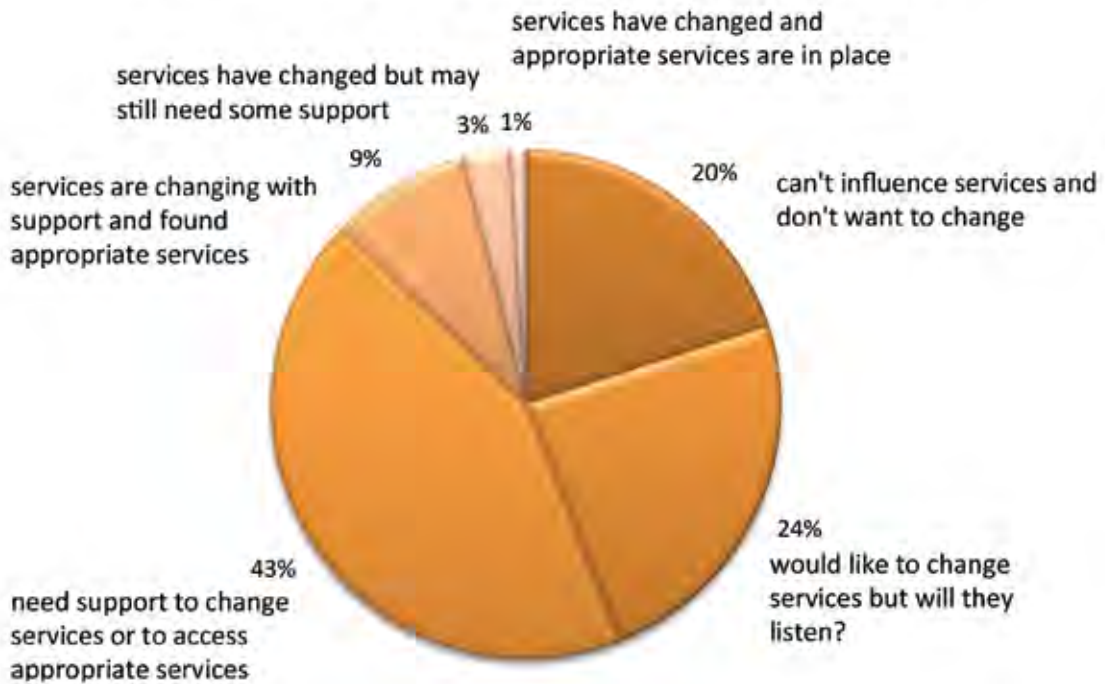
Many of our clients struggle to have their voices heard. They would like to improve services, for themselves and for others, but just can't seem to make a difference. Often the problem is down to a breakdown in communication or a lack of knowledge regarding how to influence. We work with our clients not only to get their voices heard now but also in the future. We provide them with the skills and tools to initiate changes when they need them.

We also help clients to get the services they so desperately need. They often feel that they are not being listened to but, as William's story, on page 42 shows, we are able to get them the support they

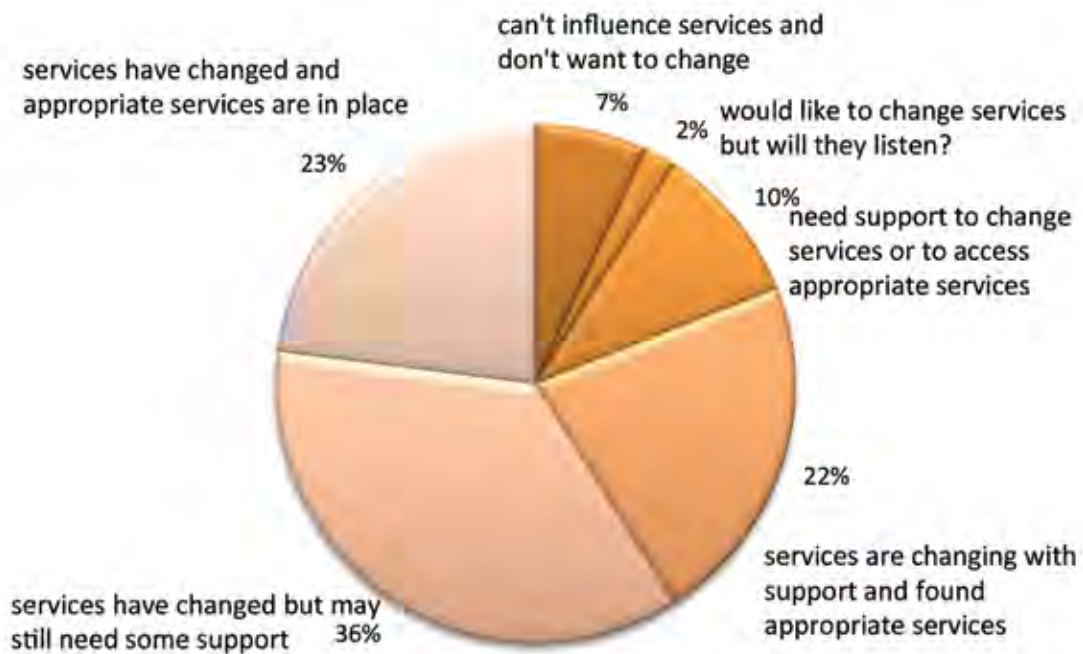
need, often in urgent circumstances. As a result, we are able to prevent them from reaching crisis point which would require more intense, and more expensive, support.

As our outcome measures data shows, over half of our clients who shared information about their outcome regarding influence and change felt they had made a difference and services had changed.

How clients felt when they first contacted POhWER



How clients felt when they left POhWER





Mr and Mrs Smith

are a married couple who are deaf and unable to communicate orally. Whilst they are able to live full and happy lives, one of their biggest challenges is making appointments with their GP as they can not do this by telephone.

Their GP did not have an online booking service so the couple had no choice but to visit the surgery to make their appointment. However, when they got there, they found communication with the receptionist extremely difficult as the receptionist was unable to understand them and as a result, they felt that they were treated poorly. Often Mr and Mrs Smith would have to walk away without being able to make the appointment they so badly needed.

We worked with the couple to look at ways which would help them communicate, not only with their GP but in other situations too. We made cards for them to share with people when out which explained that they were deaf and what support they needed. We also contacted the GP surgery to look at ways in which they could improve accessibility for clients with specific communication needs. We are pleased that the GP surgery is now looking at providing an online, text or email service and they are also considering having a screen to provide a translating service at reception. The surgery has also put up a poster in reception that anyone can point to if they have communication difficulties which means the staff are more aware of their needs.

These may sound like small changes but to Mr and Mrs Smith, these changes in process and service mean far more independence and access to key services. The changes will benefit our clients and also potentially the thousands of other people who have communication difficulties. We hope that other services will look at improving accessibility in the simple ways that this GP surgery has.

William was suffering from post traumatic stress syndrome as a result of a hate race crime. He was under mental health services and the crisis team as he had tried to take his own life on a number of occasions previously. William was on medication but it made him extremely drowsy and at each doctor's appointment, he was given a higher dose to try to alleviate his symptoms. No-other support was offered by the GP, despite William's attempts to explain what he needed, William felt that his doctor did not listen to him.

Our advocate met with William and, at his request, called his GP to ask for a referral to have counselling and an urgent referral for a Community Psychiatric Nurse. William had undergone an assessment for one previously, but no follow up appointment was provided.

The GP made the requested referrals and, at William's request, our advocate accompanied William to his appointment with the Community Psychiatric Nurse (CPN). The CPN, made an urgent referral back to his consultant, with recommendations to see a psychologist.

William received an appointment within a few days to see his consultant, where his medication was reviewed. He also received an appointment with the community mental health team for support, and was waiting for his psychology appointment.

William's wife said that POhWER had helped her husband so much. Before we were involved, she said that no-one had listened to him. However, as a direct result of the support we provided William, he was able to access the services he required and get the long term support he urgently needed.

Conclusion

We wrote this report to demonstrate the impact that community advocacy can have both on individuals but also on society more widely.

The stories and the data show that we have had an impact on every single person with whom we worked last year. We improved their understanding of their rights and entitlements; we improved their health and wellbeing; we provided them with the information and advice they needed to improve their lives;

We also have an impact on society more widely. By improving health outcomes, we reduce the need for health and social care interventions. By giving people choice and control, we enable social workers to make more effective use of their time so they are able to see more clients and deliver greater value for money. We empower our clients to be able to influence and change the services they use, not just for themselves but for many others in the community.

We bring financial benefits too. We save local authority services time and money by directing people to the right service, helping people to understand the information they are provided with

and improving communication. We reduce the need to rely on benefits, reduce housing or travel costs, produce information in alternative formats so social services don't need to, fill gaps where services are no longer provided.

We believe that these stories and empirical data show that community advocacy is worth every penny. Our previous research¹ shows the benefits it brings and the impact it has can show a return on investment of at least £6.84 for every pound invested in advocacy - the savings we can make for social services outstrip the cost of the advocacy service. We therefore would strongly encourage local authorities to protect the budgets for community advocacy and recognise the holistic benefits that it can bring.

¹ Social Return on Investment in Hertfordshire

Annex 1 - POhWER's Services

Direct Payments and Brokerage

POhWER offers information, advice and support people need to enable them to live as independently as they can in their home or in the community and to help them live fuller lives. We can explain how Direct Payments work, give people information in the way they want it and in a way they can understand. We also offer an online toolkit which will help people to manage their Direct Payment themselves.

Information, advice and signposting

Our Information, Advice and Signposting team at our National Support Centre can provide people with information and advice on a whole range of issues. And if the team doesn't know something, or if POhWER doesn't provide the service you are seeking, the team will signpost you to someone who does.

NHS Complaints Advocacy

NHS Complaints Advocacy is here to help people to make a complaint about their NHS care or treatment. We also support people to make an NHS complaint on someone else's behalf, including if someone has died. We answer questions about the NHS complaints procedure, provide a step by step guide to making an NHS complaint and support people to write a complaint letter, attend a complaint meeting, request access to medical records or refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if the local service is unable to resolve the complaint.

Independent Mental Health Advocacy (IMHA)

Independent Mental Health Advocacy was introduced under the Mental Health Act 2007. From April 2009 there has been a legal duty to provide Independent Mental Health Advocates (IMHAs) for all eligible people. We provide independent advocacy with specially trained advocates to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

Independent Mental Capacity Advocacy (IMCA)

When someone is assessed by a doctor or social worker as lacking mental capacity to make key decisions in their lives - perhaps because of mental illness, dementia, learning difficulties, a stroke or brain injury - they can have the help of a specialist Independent Mental Capacity Advocate (IMCA). This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. POhWER's IMCAs seek to ascertain the views and beliefs of the person referred to them and gather and evaluate all relevant information about that person.

Specialist Secure and Complex Advocacy Services

Some people with learning disabilities, enduring mental health conditions, acquired brain injuries, autistic spectrum disorders and personality disorders reside in secure and specialist units across the country, including Medium Secure units (MSU), Low Secure units (LSU), step down and community units. Most people in these circumstances are detained under the Mental Health Act.

We have specialist advocates who can work with people in this situation, providing face to face, non-instructed and group advocacy to empower clients who due to their circumstances are amongst the most vulnerable groups in society.

In this way our advocates ensure that people have their voice heard and a say in decisions being made about their lives.

As well as one-to-one advocacy, we provide group advocacy and support patient forums and assemblies.

We have also helped providers develop new systems and processes for involving people in their care and treatment, such as Care Plan Approach (CPA) work.

Children and young people

PohWER provides advocacy support to children and young people in the same way as we provide support for adults. Our qualified professional advocates support children and young people through a range of services.

We work face to face with children and young people who are receiving treatment on a mental health unit.

Our Child and Adolescent Mental Health Service (CAMHS) support works in Specialist units. Our advocates provide drop in services for the young people to access on a regular basis.

We support young people to understand their rights, talk with other professionals and support to prepare and attend meetings. Young people can refer themselves to the service or be referred to us by a third party. We can support individuals to have their voice heard or work with groups of young people to raise issues they have identified.

Community advocacy and advocacy under the Care Act

Community Advocacy Services are for people who need support to deal with an issue they are facing.

Services are open to adults 18 or over, and people can generally use Community Advocacy Services if they are:

- In a situation where they feel vulnerable, discriminated against or at risk of abuse (financial, emotional, physical, sexual, psychological or institutional),
- Finding it difficult to put their views across or don't feel they are being listened to,
- Feeling that they do not have support from someone who has their best interests at heart,
- Facing a major life change that could mean that they will need to access support services.

Outcome Measure Information and Advice

1

- The information has helped resolve the situation
- Can find information independently
- No longer need support
- Things have got better

2

- The situation is being resolved
- Don't feel worried
- May still need some support to use the information
- Know where to get further information if needed

3

- Understand the information but need support to use it
- Information hasn't helped yet may need some more
- Support is helping me to organise the information
- Can see how the information will help

4

- Need support to use the information
- Need support to understand the information
- Need support to arrange the information
- Still a bit worried about the situation

5

- Feel overwhelmed with the amount of information
- Don't believe anything will help
- Unable to organise the information to be able to use it
- Still concerned about what to do next

6

- Feel completely isolated
- Unable to find a way through a situation
- Feel very concerned that nothing can be done
- Don't know where to start

Outcome Measure Rights and Entitlements

1

- Rights and entitlements are met
- Can access information independently
- Understand rights and entitlements
- Don't need support to understand

2

- Understand most rights and entitlements
- May need some further support
- Most rights and entitlements are being met
- Know where to go for more information

3

- Have a better understanding of rights and entitlements
- Need support to exercise rights and entitlements
- Have the information needed
- Am progressing forward with rights and entitlements

4

- Need support to understand rights and entitlements
- What rights and entitlements are accessible
- Need more information to explain
- What to do with the information

5

- Know everyone has rights and entitlements but what are they
- Need to ask for support to find out about rights and entitlements
- What support is available
- Can information be provided

6

- Don't know anything about rights or entitlements
- Don't know what support I need
- Can't see how it's going to help
- Don't know where to go

Outcome Measure Safe and Secure

1

- Feel safe
- Helping others to be safe
- Can speak to others about own safety
- Feel more independent

2

- Feel safer
- Know where to get support if needed
- Understand risk and how to be safer
- Am talking to others to keep safe

3

- Understand risk but need support to become safe
- Need support to use information
- Changing to make safe and secure
- Feel less at risk

4

- Want support to feel safe
- Need support to understand information
- Need to feel safe with support
- Need support to understand risk

5

- Don't know how to get help
- Don't know how to be safe
- Need information about being safe
- Need support to get information

6

- At risk of abuse
- Don't feel accepted
- Don't feel safe or secure
- Don't understand risk

Outcome Measure Opportunities & Being Involved

1

- Enjoying being involved
- Can access what's available
- Looking after my money without support
- Achieved my goals

2

- Accessed services but need some support at first
- More involved with others
- Need some support with money
- Achieving some goals

3

- Need support to access services
- Need support to become more involved
- Need further support with money
- Need support to achieve goals

4

- Need support to understand what is available
- Need information about becoming involved
- Need information about looking after money
- Need support to find services

5

- Would like to be more involved
- Don't know how to be involved
- Need support for help with money
- Need information about what is available

6

- Don't want to change
- Don't want to be involved
- Don't look after money
- Not interested in learning

Outcome Measure Health & Wellbeing

1

- Feel healthy
- Make choices to live healthily
- No longer need support to be healthy
- Can ask questions independently

2

- Getting some help and feeling better
- Now more active
- May need some further support
- Know who to ask about being healthy

3

- Understand options but need to move forward
- Need support to ask questions
- I feel I am moving forward
- Need support to use information

4

- Need support to understand information
- Need support to find options
- Want help to feel better
- Don't know who to approach

5

- Need to be healthy but there is nothing that can change this
- Don't know how to be healthy
- Would like to become more active
- Need information about being healthy

6

- Not interested in health
- Nothing is wrong
- Unable to live healthily
- Don't want to be active

Outcome Measure Choice & Control

1

- Speaking up independently
- Achieving change independently
- Making decisions independently
- Being listened to

2

- Speaking up with occasional support
- Achieving change with little support
- Making decisions
- Understand choices

3

- Need support to make decisions and be listened to
- With support can make changes
- Know what I can achieve
- Starting to speak up with support

4

- Need support to understand choices
- Need support to gain confidence
- Need support to take control
- Feel more encouraged to speak up

5

- Would like to make choices but don't know how
- Would like more control in life
- Would like to know what is available
- Would like to speak up

6

- Confused about what choices are available
- Unable to take control
- Don't need choice
- Don't have a choice

Outcome Measure Independence

1

- Feel independent
- People listen
- Making decisions independently
- Can ask for further options independently

2

- Becoming independent
- People are starting to listen
- Understand options
- May need some support still

3

- Need support to tell others about decisions
- Need support to move forward with options
- Need support to be listened to
- Feel independence is possible

4

- Need support to find options
- Need information to make decisions
- Need support to tell others would like to be heard
- Need support to understand options

5

- Would like to be independent but how
- Would like to make decisions independently
- Would like to be heard
- Would like to know options

6

- Don't need independence
- Decisions made without input
- Being ignored
- Not allowed to be independent

Outcome Measure Influence & Change

1

- Services have changed no support needed
- Appropriate services are in place
- No longer need preventative services
- No longer need as many support services

2

- Services have changed may still need some support
- Starting appropriate services
- Things are in place to reduce preventative services
- Support services are reducing

3

- Services are changing with support
- Found appropriate services
- Need to plan to reduce preventative services
- Working to reduce support services

4

- Need support to change services
- Need support to access appropriate services
- Need support to reduce need of preventative services
- Would like to reduce need for support services

5

- Would like to change services but will they listen
- Would like to remain independent
- Would like to understand preventative services
- Would like appropriate services








6

- Don't want to change services
- Told what is needed and that's fine
- Can't influence services
- Don't want support services

Registered Charity Number - 1061543

Company Number - 03323040

How to contact us

-  Telephone 0300 456 2370 (charged at local rate)
-  Minicom 0300 456 2364
-  Text Send the word 'pohwer' and then your name and number to 81025
-  Email pohwer@pohwer.net
-  Skype pohwer.advocacy
-  Fax 0300 456 2365
-  Post Write to us at POhWER, PO Box 14043, Birmingham B6 9BL

For more information visit our website at www.pohwer.net

Access to information

- We provide leaflets and information in a variety of languages and formats including Easy Read.
- We have access to translation and interpreting services.
- We use communication tool kits, Makaton and other signing techniques.